Gaston County Schools SUBSTITUTE TEACHERS Verification of Daycare Experience

Name			
First	Middle	Last	
Social Security Number (Last four	⁻ digits)		
Name of licensed daycare			-
Address			-
Phone number			
WORK EXPERIENCE (To be completed by employer)			
Beginning date of employment (month, day, year)			
Ending date of employment (month, day, year)			
Total hours worked per week			
Position Title			
TO BE EVALUATED, A BRI EF . ATTACHED.	JOB DESCRIPTION FROM	M THE EMPLOYER MUST	BE
I certify that this verification business.	is complete and correct ac	ccording to the official re	ecords of this
Signature of Personnel Administrator	<u>. </u>	Date	_
Title		Telephone Number	-